

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Terry McGuire		SSN or EMPLOYEE NUMBER*		DEPARTMENT State Controller's Office	
POSITION Deputy Controller - Investments		CB/ID No.		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 95814	

COPY

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.510
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
1/14		Residence to Cupertino r/t						PC		82.00	41.82		41.82	
1/18	1000	Residence to Monterey	101.19		18.00			PC		120.00	61.20		180.39	
1/19		Monterey	101.19								0.00		101.19	
1/20		Monterey	101.19		18.00						0.00		119.19	
1/21		Monterey to Residence		10.00						120.00	61.20		71.20	
1/27		Residence to Alameda r/t							10.00	28.00	14.28		24.28	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			303.57	0.00	10.00	36.00	0.00	0.00		10.00	350.00	178.50	0.00	538.07
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$538.07

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended CalPERS offsite, and staffed Controller at meetings in Cupertino and Alameda. No receipt given for meals on 1/18, 1/20, and 1/21.

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 2/17/11	PAYMENT [REDACTED]	DATE 2/18/11
(17) [REDACTED]		DATE	

E (See Item 17 on reverse)